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Bib Data Sheet

CONFIRMATION NO. 7144

|                             |  |              |                        |                                  |
|-----------------------------|--|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/706,429 | FILING OR 371(c)<br>DATE<br>11/12/2003<br>RULE | CLASS<br>002 | GROUP ART UNIT<br>3765 | ATTORNEY DOCKET NO.<br>35050.004 |
|-----------------------------|--|--------------|------------------------|----------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*PH* This appln claims benefit of 60/445,744 02/07/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*PH* *None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/09/2004

|                                 |   |                  |                |              |                    |
|---------------------------------|---|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                   | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | NV               | 5              | 23           | 3                  |

## ADDRESS

30589

## TITLE

Earmuff having anatomically correct ear cups

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>824 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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